TABLE 1

Clinical signs and symptoms of plumbism

GROUP I SUGGESTIVE EVIDENCE OF LEAD ABSORPTION	GROUP II SUGGESTIVE EVIDENCE OF INCIPIENT INTOXICATION AND INACTIVE OR ARRESTED PLUMBISM	GROUP III SUGGESTIVE EVIDENCE OF DEFINITE, ADVANCED, AND ACTIVE PLUMBISM WITH ACUTE MANIFESTATIONS
General symptoms		
Patient becomes easily flustered, moody, restless and excitable	Pallor	Anemia
	Jaundice	Inanition
	Slight lead line	Lead line
	Arthralgia	Arthralgia
	Slight inanition	Jaundice
General feeling of malaise	Fatigued easily	General weakness
	Hypotension to Normal	Hypertension
	Slight pyrexia	Pain in chest
		Wrist drop
		Foot drop
Digestive system		
Persistent metallic taste	Metallic taste	Metallic taste
	Coated tongue	Coated tongue
Slight anorexia	Anorexia	Anorexia
Slight constipation	Constipation	Marked constipation
	Slight abdominal colic	Paroxysmal colic
		Nausea and Emesis
		Rigid abdomen
		Blood in stool
Nervous system		
Irritability	Slight frontal headache	Severe frontal headache
Uncooperativeness	Slight tremors to Parkinsonian Syndrome	Tremors
		Confusion
	Slight ataxia	Ataxia
	Insomnia	Insomnia
	Palpitation	Convulsions
	Increased reflexes	Fibrillary twitchings
	Increased irritability	Neuritis
	Eye grounds may show choking of optic discs	Visual disturbances
		Encephalitis
		Hallucinations
		Coma
		Paralysis
		Cerebral palsy

TABLE 1--*Concluded*

GROUP I SUGGESTIVE EVIDENCE OF LEAD ABSORPTION	GROUP II SUGGESTIVE EVIDENCE OF INCIPIENT INTOXICATION AND INACTIVE OR ARRESTED PLUMBISM	GROUP III SUGGESTIVE EVIDENCE OF DEFINITE, ADVANCED, AND ACTIVE PLUMBISM WITH ACUTE MANIFESTATIONS
	Renal symptoms	
Lead which fluctuates between normal limits and a very slight rise	Trace of albumin and few granular casts in urine Lead which fluctuates between normal limits and a positive rise	Toxic nephrosis Albuminuria Casts in urine Hematoporphyrinuria Hematuria Positive but fluctuating lead findings

It should be remembered that all of these symptoms will never be found in any single case and frequently a patient is presented for observation or treatment whose past history to lead exposure would cause one to expect symptoms conforming to Groups II or III when only those of Group I can be demonstrated.

Many lesions have been reported associated with the above symptoms of lead poisoning by the previously named investigators, as well as Taylor and Schram[9] and Vigdortchik[10], the most common of which are: Arteriosclerosis, ulcers of the stomach and intestine, contracted small intestine, tubular and chronic interstitial nephritis, hemorrhages and exudates of the retina, neuro-retinitis, chronic nephritis (particularly in children), malignant hypertensive neuroretinitis, hypertensive encephalopathy, hypertonia, neuronophagia in cerebral sections, essential hypertension.

Carlson[11] showed that the symptoms of chronic arsenic poisoning resemble those of plumbism, and Lanza[12] concluded that many cases of mild lead poisoning are diagnosed as chronic appendicitis and even as gall bladder disease, with all too frequent surgical intervention. We have known cases of mild lead poisoning to be confused with intracranial and cord tumors. It has been shown by the majority of these investigators that many workers continually exposed to lead fail to exhibit clinical evidence of plumbism. This individual variance in susceptibility